

REFERRAL FOR CONSIDERATION		INSTRUCTIONS: Please give consideration as indicated below. Complete the form to show result of consideration and return with attachments in a sealed envelope to THE CIVILIAN PERSONNEL OFFICE.	
TO: (Name, Organization, Room, as needed)		NAME OF APPLICANT	<input type="checkbox"/> VETERAN <input type="checkbox"/> NONVETERAN
REFERRED FOR <input type="checkbox"/> INTERVIEW <input type="checkbox"/> REVIEW OF ATTACHED APPLICATION	BASIS OF REFERRAL (Identity of request, etc., as needed)		
POSITION FOR WHICH REFERRED			
REMARKS (Use reverse if additional space is required)			
DATE	PHONE NO.	BUILDING AND ROOM NUMBER	SIGNATURE
APPLICANT IS <input type="checkbox"/> SELECTED <input type="checkbox"/> NOT SELECTED (Give reasons in remarks below)			DESIRED DATE OF ENTRANCE ON DUTY
REMARKS			
SIGNATURE		TITLE	DATE

DD Form 359, JUN 57 (EG)

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